

PremiereScan

MEDICAL IMAGING SPECIALISTS

Patient Name: _____

Height: _____ Weight: _____ DOB: ____/____/____

What was the main health complaint that caused your physician to order your scan? _____

Have you ever had: ___X-rays ___CT scans ___MRI scans of the body area we are going to scan today?

If yes, at which facility was your study done? _____

Y N Could you be **pregnant**?

Y N Are you **nursing**?

MRI Safety Questions: ONLY IF YOU ARE HAVING AN MRI Please circle "Yes" or "No" to each question

All jewelry, hairpins, electrodes and wigs must be removed prior to entering the MRI scan room

Y N Have you ever done **metal work** like cutting, welding, or used a grinder?

Y N **If YES**, have you ever **had metal fragments lodged in your eyes**?

Y N Have you ever had any heart surgery?

Y N **If YES**, do you have a **Pacemaker or Artificial Heart Valve**?

****If you have a Pacemaker or Artificial Heart Valve, please inform the technologist at this point. ****

Y N Have you ever had any **head surgery**?

Y N **If YES**, do you have any clips, such as aneurysm clips, and if so, what year were they inserted? _____

Y N Have you had any **ear surgery**?

If YES, what type and when was the surgery performed? _____

Y N Have you ever had any **surgeries to do with the body part** being scanned?

If YES, what type and when was the surgery performed? _____

Y N Do you have any **implanted metal** in your body (i.e. due to surgery, shrapnel, bullets, etc.)?

Y N Do you have any **dental implants, bridgework, or dental plates** that are removable?

Y N Do you have any other medical conditions? Please list: _____

Y N Do you have a **hearing aid** or an **ear implant**?

Y N Do you have any **permanent tattoos** or **permanent makeup**?

Y N Are you **claustrophobic** (fear of being in small, confined places)?

Patient Signature: _____ **Date:** ____/____/____